

Medical History Form

Date_____

Name_____

Sex: M F

Date of Birth_____

Address: _____

Phone:_____

HISTORY:

Explain "Yes" answers on the back Yes / No

1. Have you ever been hospitalized? Yes / No

2. Have you ever had surgery? Yes / No

3. Do you have any allergies (medicine, bees or other stinging insects? Yes / No

4. Have you ever passed out during or after exercise? Yes / No

5. Have you ever been dizzy during or after exercise? Yes / No

6. Have you ever had chest pain during or after exercise? Yes / No

7. Do you tire more quickly than your friend during exercise do?
Yes / No

8. Have you ever had high blood pressure? Yes / No

9. Have you ever been told that you have a heart murmur? Yes/No

10. Have you ever had racing of your heart, or skipped heartbeat?
Yes / No

11. Has anyone in your family died of heart problems or a sudden death before the age of 50? Yes / No

12. Do you have any skin problems (itching, rashes, or acne)?
Yes / No

13. Have you ever had a head injury? Yes / No

14. Have you ever been knocked out or unconscious? Yes / No

15. Have you ever had a seizure? Yes / No

16. Have you ever had a stinger, burner or pinched nerve? Yes/No

17. Have you ever had heat or muscle cramps? Yes / No

18. Have you ever been dizzy or passed out in the heat? Yes / No

19. Do you have trouble breathing or do you cough during or after activity? Yes / No

20. Do you use any special equipment (pads, braces, neck rolls, mouth guards, eye guards, etc.)? Yes / No

21. Have you had any problems with your eyes or vision? Yes / No

22. Do you wear glasses or contacts or protective eyewear? Yes/No

23. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? Yes / No

24. Have you had any medical problems since your last evaluation? Yes / No

25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?
O Head O Back O Shoulder O Forearm O Hand O Hip O Knee
O Ankle O Neck O Chest O Elbow O Wrist O Finger O Thigh O Shin
O Foot

Explain yes answers on the back.

I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Date _____

Signature _____

Physical form

Weight _____ Height _____

BP _____/_____

Vision: Right 20/_____ Left 20/_____ Pulse _____

Normal / Abnormal Findings

Cardiovascular

Pulses

Heart

Lungs

Skin

E.N.T.

Abdominal

Genetalia (males)

Musculoskeletal

Neck

Shoulders

Elbows

Wrists

Hands

Back

Ankle

Foot

Clearance:

This individual may participate fully in the regular activities and duties that are required by Killeen Fire Academy. Date _____

Description of regular duties and activities:

Firefighting – (includes bending, stooping, crawling, climbing, twisting, and extreme physical exertion while wearing 65lbs. of equipment.

Climbing ladders – (with average weight of 65lbs. of equipment)

Ambulance operations – (includes bending, stooping, crawling, climbing, twisting and heavy lifting)

Lifting Stretchers – with patients

Driving Fire Trucks and Ambulances

Other fire ground exercises – (include extreme physical activity)

Physical Training – (running, agility exercises, weight lifting, ect.)

Recommendations _____

Physician Signature _____

PA/NP Signature _____